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TITLE: New embryonic metanephric tissue from donor e.g. pig is transplanted next to omentum or under renal capsule of recipient e.g. human - used to increase functioning nephron mass and to treat renal disease

INVENTOR: HAMMERMAN, M R; HAMMERMAN, M

PRIORITY-DATA:

1997US-0797201

February 11, 1997

1997US-0779159

January 6, 1997

PATENT-FAMILY:

PUB-NO	PUB-DATE	LANGUAGE	PAGES	MAIN-IPC
US 5976524 A	November 2, 1999	N/A	000	A61K048/00
EP 853942 A2	July 22, 1998	E	010	A61K035/23

INT-CL (IPC): A01N 1/02; A61K 35/23; A61K 38/30; A61K 48/00

ABSTRACTED-PUB-NO: EP 853942A

BASIC-ABSTRACT:

Embryonic metanephric tissue (EMT) which has been obtained from a donor for increasing the functioning nephron mass of a recipient by implanting the metanephric tissue (MT) next to the recipient's omentum or under the renal capsule of the recipient's kidney to allow the MT to vascularise and develop to form urine, is new. Also claimed is the use of insulin-like growth factor (IGF-I) for enhancing the growth and development of EMT which has been implanted into a recipient.

The EMT preferably contains metanephric blastema, segments of ureteric bud and primitive nephrons and does not contain glomeruli. The MT comprises at least one whole metanephros with renal capsule intact and it is obtained prior to the development of blood vessels within it and within 1-5 (preferably 2-4) days after metanephros formation. The MT is allogenic or xenogenic to the recipient (preferably a human) and the donor is a pig (preferably a pig at about the 10 mm stage or a pig at embryonic day 20-30).

USE - EMT from a non-human embryo is used to prepare donor MT for treating renal diseases (claimed).

ADVANTAGE - The use of kidney tissue from a non-human source avoids the problem of a lack of human donors and the discomfort, time and expense associated with dialysis.
ABSTRACTED-PUB-NO:

US 5976524A EQUIVALENT-ABSTRACTS:

Embryonic metanephric tissue (EMT) which has been obtained from a donor for increasing the functioning nephron mass of a recipient by implanting the metanephric tissue (MT) next to the recipient's omentum or under the renal capsule of the recipient's kidney to allow the MT to vascularise and develop to form urine, is new. Also claimed is the use of insulin-like growth factor (IGF-I) for enhancing the growth and development of EMT which has been implanted into a recipient.

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